



westmont.illinois.gov

## Community Development Department

31 West Quincy Street • Westmont, Illinois 60559  
Tel: 630-981-6250 Fax: 630-968-8610

### PERMIT APPLICATION (Below to be completed by Applicant)

↓ FOR OFFICE USE ONLY ↓

↓ ADDRESS OF PROPOSED WORK		↓ COST OF CONSTRUCTION		PERMIT # _____	
		\$		↓ APPLICATION <u>INTAKE BY</u> / DATE SUBMITTED	
↓ SPECIFY ALL CONSTRUCTION THAT APPLIES TO THIS APPLICATION ↓					
<input type="checkbox"/> <b>RESIDENTIAL</b> (1 & 2 Family only)  <input type="checkbox"/> NEW Single Family Residence <input type="checkbox"/> Residential Addition, Porch, or Balcony <input type="checkbox"/> Residential Interior Remodel  <input type="checkbox"/> Deck <input type="checkbox"/> Detached Garage <input type="checkbox"/> Electric <input type="checkbox"/> Fence <input type="checkbox"/> Fire Pit  <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing <input type="checkbox"/> Pool, Hot Tub, Spa <input type="checkbox"/> Roof Tear-off <input type="checkbox"/> Shed <input type="checkbox"/> Window Replacement  <u>Flatwork:</u> <input type="checkbox"/> Driveway, <input type="checkbox"/> Patio or Sport Court, <input type="checkbox"/> Steps/Walk  <input type="checkbox"/> <b>OTHER</b> (Indicate in "Written Scope" below)		<input type="checkbox"/> <b>COMMERCIAL</b> (Business, Multifamily)  <input type="checkbox"/> NEW Commercial Building <input type="checkbox"/> Commercial Addition, Porch, or Balcony <input type="checkbox"/> Commercial Interior Remodel  <input type="checkbox"/> Deck <input type="checkbox"/> Detached Garage <input type="checkbox"/> Electric <input type="checkbox"/> Fence  <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing <input type="checkbox"/> Roof Tear-off <input type="checkbox"/> Window Replacement  <u>Flatwork:</u> <input type="checkbox"/> Driveway, <input type="checkbox"/> Parking Lot, /Striping, <input type="checkbox"/> Patio, <input type="checkbox"/> Steps/Walk  <u>Signage:</u> <input type="checkbox"/> Permanent, <input type="checkbox"/> Illuminated, <input type="checkbox"/> Temporary		<b>COUNTY AND ZONING INFORMATION</b>  SPECIAL MANAGEMENT AREA: YES NO  ZONING DISTRICT: R1 R2 R3 R4 R6 B1 B2 C1 M O/R OTHER _____	
If applicable, <b>TOTAL AREA (square feet of ground disturbance) INSTALLED - REMOVED →</b>		INSTALLED - REMOVED = NET NEW SF - = SF		↓ REQ <input type="checkbox"/> <b>BUILDING</b> APPROVED BY / DATE	
↓ WRITTEN SCOPE / DESCRIPTION OF PROPOSED WORK, <i>if not fully specified above</i>				<input type="checkbox"/> See Conditional Approval Requirements below  ↓ REQ <input type="checkbox"/> <b>ENGINEERING</b> APPROVED BY / DATE	
				↓ REQ <input type="checkbox"/> <b>PLAN. &amp; ZON.</b> APPROVED BY / DATE	
				↓ PERMIT <b>ISSUED BY</b> / DATE ISSUED	
↓ <b>PROPERTY OWNER - REQUIRED - PRINT INFORMATION BELOW</b>					
NAME:					
ADDRESS:					
PHONE: EMAIL:					
<b>CONDITIONS:</b> Plans, specifications, surveys, and any material provided are part of this application. Applicant and property owner agree to comply with the provisions of this application, specification sheets, adopted codes and ordinances of the Village of Westmont, Illinois AND SHALL NOT OCCUPY or USE the property, structure(s), or affected area(s) until final inspection and occupancy certification. Construction material or dumpsters are not permitted on Village property. Permit placard shall be posted and be visible from the public right-of-way. Village stamped approved plans shall be on site at all times. Inspections shall be requested by 3:00pm at least 1 business day in advance. Permit expires 1 year from date of issuance.					
PROPERTY OWNER SIGNATURE (REQUIRED) _____				DATE _____	
AGENT OF OWNER SIGNATURE (ALSO REQUIRED IF APPLICANT) _____				DATE _____	
				X _____ Sign off for above Conditional Requirements	



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**ADDRESS OF PROPOSED WORK** \_\_\_\_\_ **PERMIT #** \_\_\_\_\_

**List all Contractors associated with this permit, *including, but not limited to:***

General Architect Carpentry Concrete Drywall Electrician Engineer Excavation HVAC Landscape Masonry  
Pavement (i.e. Asphalt) Plumber Roofer Underground (i.e. Sewer and Water) Window

↓ CONTRACTOR: <input type="checkbox"/> GENERAL <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ELECTRIC <input type="checkbox"/> ENGINEER <input type="checkbox"/> PLUMBING <input type="checkbox"/> OTHER _____	↓ ESTIMATED COST PER CONTRACTOR
NAME:	
ADDRESS:	
PHONE: EMAIL:	
↓ CONTRACTOR: <input type="checkbox"/> GENERAL <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ELECTRIC <input type="checkbox"/> ENGINEER <input type="checkbox"/> PLUMBING <input type="checkbox"/> OTHER _____	↓ ESTIMATED COST PER CONTRACTOR
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ADDRESS:	
PHONE: EMAIL:	